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# Division of Disability & Rehabilitative Services

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## **Phase I: OASIS System Transformation**

**December 17, 2008**

# Presenters

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## ***Walk through the Waiver Process:***

- **Adrienne Shields**, DDRS Deputy Director
- **Andrew Ranck**, Director of DDRS Initiatives
- **Kellie Calita**, BDDS Director of Client Services
- **Rich Metzger**, IPMG
- **Becky Selig**, BQIS Director

# OASIS Resources

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## OASIS-ICAP Help Lines

- **E-mail:** [OASIS-ICAPHelp@fssa.IN.gov](mailto:OASIS-ICAPHelp@fssa.IN.gov)
- **Phone:** 317-234-5222
- **Toll Free Indiana:** 1-888-527-0008

## Interactive Budget Tool

- <https://ddrsprovider.fssa.in.gov/BDDS/Utilities/CustomerBudgetList.aspx>



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# OASIS

Objective Assessment System for  
Individual Supports

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## ***History***

# GOAL OF OASIS

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To create a uniform funding model to determine fair and equitable levels of State support based on an Objective Assessment and driven by Person Centered Planning (PCP) and Individualized Support Plan (ISP).

# OASIS Process

## State Employees (BDDS Central Office)

**DD Eligibility  
LOC**

**Review/approval of  
individual budgets:**

- If within range, confirm supports and services
- If outside of range or change request, verify

**QA:**  
random sample-  
ongoing review of  
Plan of Care, LOC, ISP

**QA:**  
ongoing verification  
of services and supports

**ICAP**  
Individual-specific  
criteria

**Funding Range**  
(Resource  
Determination  
Tool)

**Annual  
POC/CCB  
Development**

**Agency Billing  
- EDS**

## Individual in Services/ Guardian/IST/IPMG

**PCP**  
Goals & Expectations

**Interactive  
Web based  
Budget tool**

- Provider Selection
- ISP
- Service Planning
- Team determination of resource allocation



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# OASIS

Objective Assessment System for  
Individual Supports

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***Bureau of Developmental Disabilities Services,  
Level of Care & Eligibility Determination***

# BDDS: Future Roles and Responsibilities

## Continue with:

- **Intakes**
- **DD Eligibility**
- **Initial LOC**
- **Service Monitoring and Placement Authority**
- **Provider Relations**
  - Technical assistance
  - Conflict Resolution
  - Building relationships with provider networks and community resources
  - Building collaborative relationships with IPMG and Liberty

## *Future Changes:*

### ■ **Review requested budget changes**

- Individuals on annual plan
- RHS provider changes
- Crisis or Outreach involvement
- Life Changing and Qualifying Events

### ■ **Provider Relations**

- **Conflict Resolution**  
Work closely with each individual and their team to ensure service needs are achieved





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# OASIS

Objective Assessment System for  
Individual Supports

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## ***ICAP Assessment and Addendum Questions***

# The ICAP Assessment

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- Arbitre is under contract with DDRS to complete the ICAP's and Addendum questions
- The ICAP is an adaptive behavior assessment, also referred to as a "functional assessment"
- The ICAP is not a "historical document" it is a "point in time" measurement of a consumer's skills and behaviors
- Arbitre Consulting interviews 3 identified respondents for every ICAP
- Each assessment follows a uniform procedure to ensure consistent data for every consumer in their respective setting
- ICAP and/or Addendum assessments will be completed at least twice for consumers already in service for continuity.
- An ICAP and/or Addendum assessment may be repeated when life changing events occur

# The ICAP Assessment *(continued)*

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Respondents will be contacted by IPMG & Arbitre when they have been identified as a respondent

## ***A respondent is...***

1. Someone who sees and/or works with the consumer on a regular basis (3-5 times per week)
2. Respondents should be selected from all areas of the consumers life (home, work/school, direct care staff)
3. A respondent's experience with the consumer is the only requirement for an ICAP interview
4. An ICAP interview is 20 – 30 minutes long



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# OASIS

Objective Assessment System for  
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***Allocation and  
Best Practice***

# OASIS Allocation Factors

<b>MEASURE</b>	<b>Impact to Allocation Highest to Lowest</b>
<b>Consumer Age</b>	<b>1</b>
<b>Number of Roommates</b>	<b>2</b>
<b>Living with Family</b>	<b>3</b>
<b>Behavior &amp; Health Intensity &amp; Frequency</b>	<b>4</b>
<b>ICAP General Maladaptive</b>	<b>5</b>
<b>ICAP Broad Independence</b>	<b>6</b>
<b>Diagnoses (Visual Impairment)</b>	<b>7</b>
<b>Family Support Need</b>	<b>8</b>

# Allocation Information

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- Allocations will be available to the Team, prior to the Team Meeting
- Allocations will be created as a single dollar amount
- Allocations will be valid for the waiver year, unless there is a life changing event
  - Unused amounts do not carry over to the next year
- Usual & Typical and Interactive Budget Tool Instructions will also be provided with the allocation



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# Life Changing Events

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# Life Changing Event

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- Death, institutionalization or long-term incapacitation of a primary caregiver
- Primary caregiver is aged 80 or older
- Transition from Crisis Management Services and unable to return to original setting
- A young adult who is currently on the waiver is terminating their secondary education



# Allocation Results

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- **4 levels of results that will give an annual allocation:**
  - Regular
  - Moderate
  - High
  - Intense

# Adults Ages 19 to 24 Living with One Roommate

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“Usual and Typical”

Level	RHS	Day Services	B-Man
Regular	802	122	24
Moderate	1147	147	48
High	1955	216	72
Intense	3793	352	72

# Best Practice Comparative Data with BDDS District 4

<b>Type of Medicaid Waiver</b>	<b>Best Practice Group</b>	<b>BDDS District 4 Consumers</b>	<b>B.P. % of BDDS District 4</b>
Developmental Disabilities Waiver Consumers	68	557	12.2%
Support Services Waivers Consumers	26	302	8.6%
Autism Waiver Consumers	2	42	4.8%
<b>TOTAL IPMG Plans</b>	<b>96</b>	<b>901</b>	<b>10.7%</b>

*A total of 7 Best Practice consumers have an Autism diagnosis.*

# Best Practice Comparative Data

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1. The demographic characteristics of Best Practice consumers are similar to general BDDS District 4 consumers
2. Best Practice and general District 4 consumers have similar ICAP scores
3. Best Practice consumers use less behavioral management services
4. Best Practice consumers use more RHS, Respite, and CHIO; and less Facility Group services
5. Slightly more Best Practice consumers live with their families (31% versus 27%)



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# OASIS

Objective Assessment System for  
Individual Supports

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***Interactive Budget Tool  
(IBT)***

# Allocation Information

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- This tool has been created as an estimation tool for all team members
- The I.B.T. is available at the DDRS website:  
<https://ddrsprovider.fssa.in.gov/BDDS/Utilities/CustomerBudgetList.aspx>
- A small group has met and is working to improve this tool. Updates will be released as completed
- A link to the site and instructions will be sent with the allocation information

# IBT – Creating a Budget

## BDDS Links

[Provider Info](#)  
[Interactive Budget Tool](#)  
[IFUR Tool](#)

[Login](#)

Contact Info
DD Waiver

Total Monthly Amount: \$0.00   Annual Amount: \$0.00   Amount Remaining: \$85,000.00  
Allotment Amount: \$85,000.00

✗ = To clear out unit requested per month.

Services	Consumers : Staff	Units Requested Per Month	Rate	Units	Extended
<b>Group: Adult Day Services (* Not Day Habilitation or Residential Habilitation)</b>					
Adult Day Service - Level 1 *		<input type="text"/> ✗	\$21.95	4 HOUR	\$0.00
Adult Day Service - Level 2 *		<input type="text"/> ✗	\$28.80	4 HOUR	\$0.00
Adult Day Service - Level 3 *		<input type="text"/> ✗	\$34.29	4 HOUR	\$0.00
Adult Day Srvc 1/4 Hr - Level 1 *	<a href="#">Calculate</a>	<input type="text"/> ✗	\$1.38	1/4 HOUR	\$0.00
Adult Day Srvc 1/4 hr - Level 2 *	<a href="#">Calculate</a>	<input type="text"/> ✗	\$1.80	1/4 HOUR	\$0.00
Adult Day Srvc 1/4 Hr - Level 3 *	<a href="#">Calculate</a>	<input type="text"/> ✗	\$2.14	1/4 HOUR	\$0.00
<b>Group: Adult Foster Care (* Not Day Habilitation or Residential Habilitation)</b>					
Adult Foster Care - Lvl 1- Day *		<input type="text"/> ✗	\$51.87	8 HOUR	\$0.00
Adult Foster Care - Lvl 2 -Day *		<input type="text"/> ✗	\$75.67	8 HOUR	\$0.00
Adult Foster Care - Lvl 3- Day *		<input type="text"/> ✗	\$102.87	8 HOUR	\$0.00
<b>Group: Behavioral Supports</b>					
Behavior Management	<a href="#">Calculate</a>	<input type="text"/> ✗	\$18.20	1/4 HOUR	\$0.00
<b>Group: Day Habilitation</b>					
Community Hab-Group (2:1)	2:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$13.03	1 HOUR	\$0.00
Community Hab-Group (3:1)	3:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$8.69	1 HOUR	\$0.00
Community Hab-Group (4:1)	4:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$6.52	1 HOUR	\$0.00
Community Habilitation - Individual	1:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$25.00	1 HOUR	\$0.00
Facility Hab-Group (2:1)	2:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$14.76	1 HOUR	\$0.00
Facility Hab-Group (4:1)	4:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$7.38	1 HOUR	\$0.00
Facility Hab-Group (6:1)	6:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$4.92	1 HOUR	\$0.00
Facility Hab-Group (8:1)	8:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$3.69	1 HOUR	\$0.00
Facility Habilitation - Individual	1:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$23.48	1 HOUR	\$0.00
Pre Vocational (08:1)	8:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$6.00	1 HOUR	\$0.00
Pre Vocational (10:1)	10:1	<a href="#">Calculate</a> <input type="text"/> ✗	\$4.80	1 HOUR	\$0.00

**The rates currently shown are subject to change.**

This tool is to be used for planning purposes only. Completion of a budget using this tool does not indicate approval of desired services or budget amount. An IPMG case manager will be responsible for submitting a final budget to DDRS for review after a consumer's team has met.

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# OASIS

Objective Assessment System for  
Individual Supports

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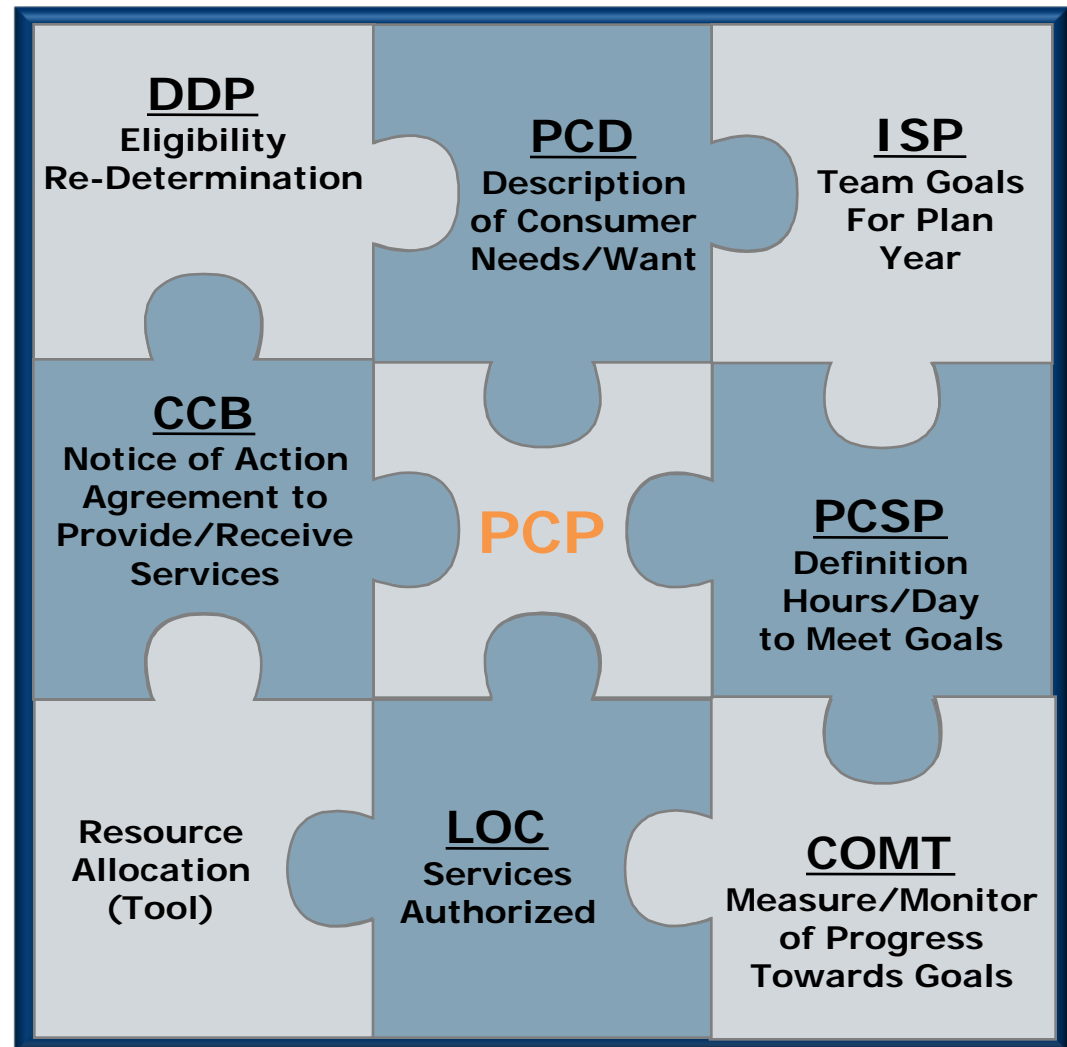


***Team Meetings and Completion  
of the Service Planner***



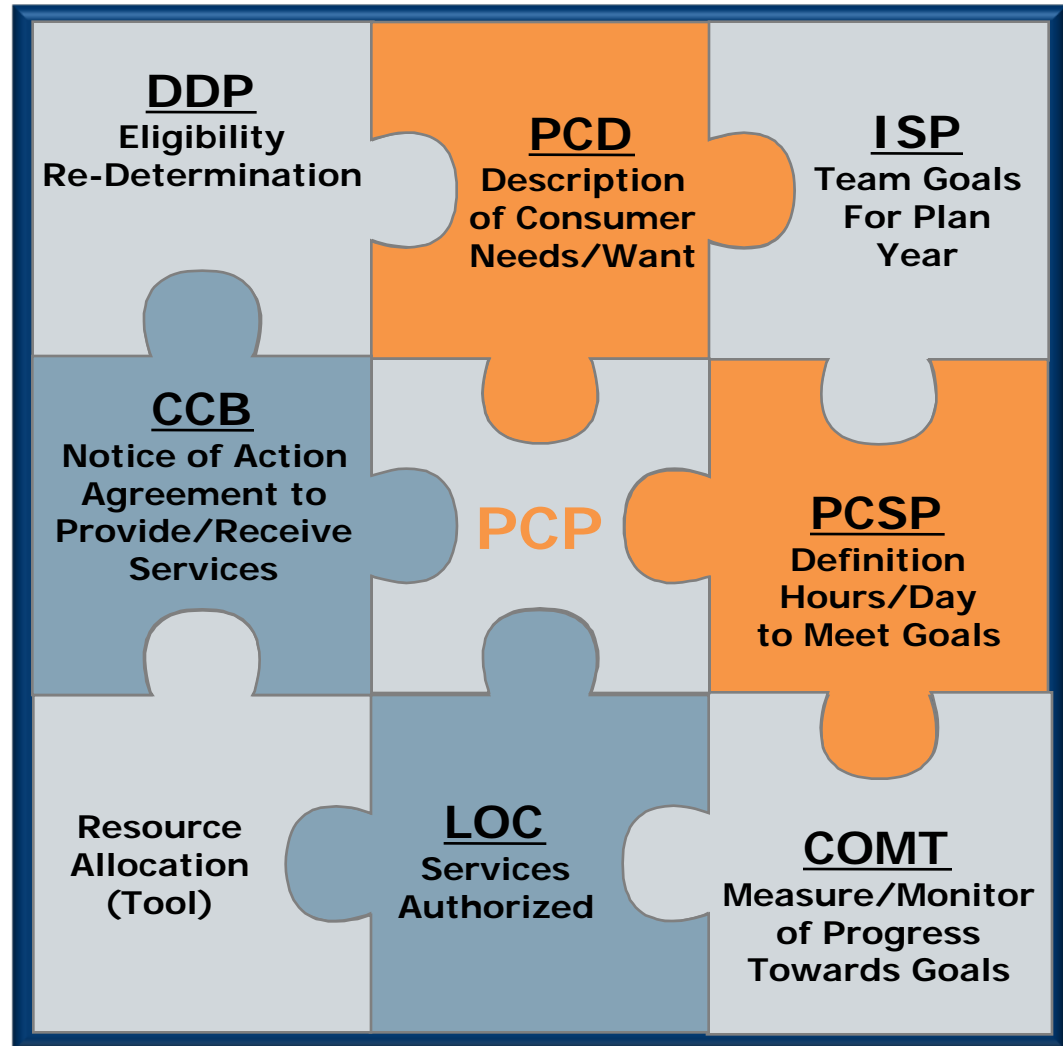
# Waiver Participation & Services

How  
the  
Pieces  
Fit  
Together



# Waiver Participation & Services

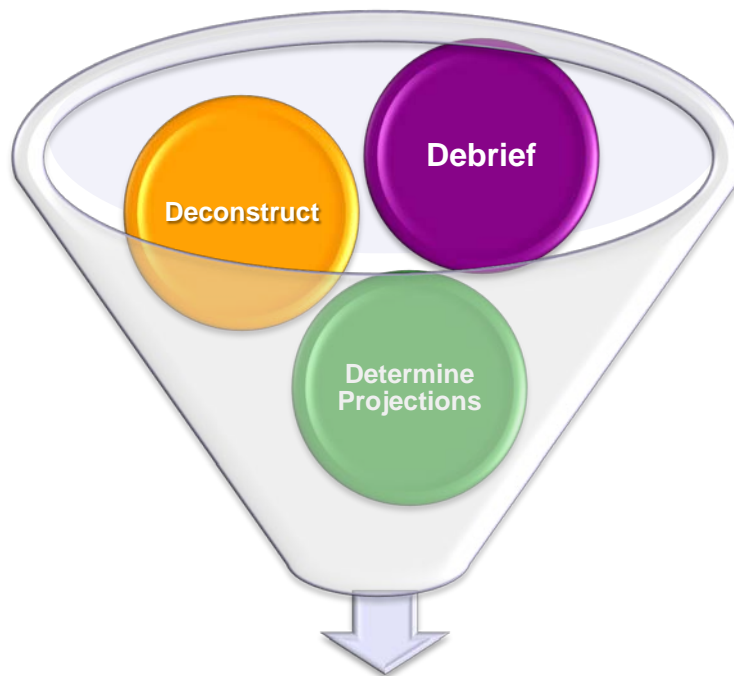
How  
the  
Pieces  
Fit  
Together



# The Essential PCP/PCD

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## Prime Direction



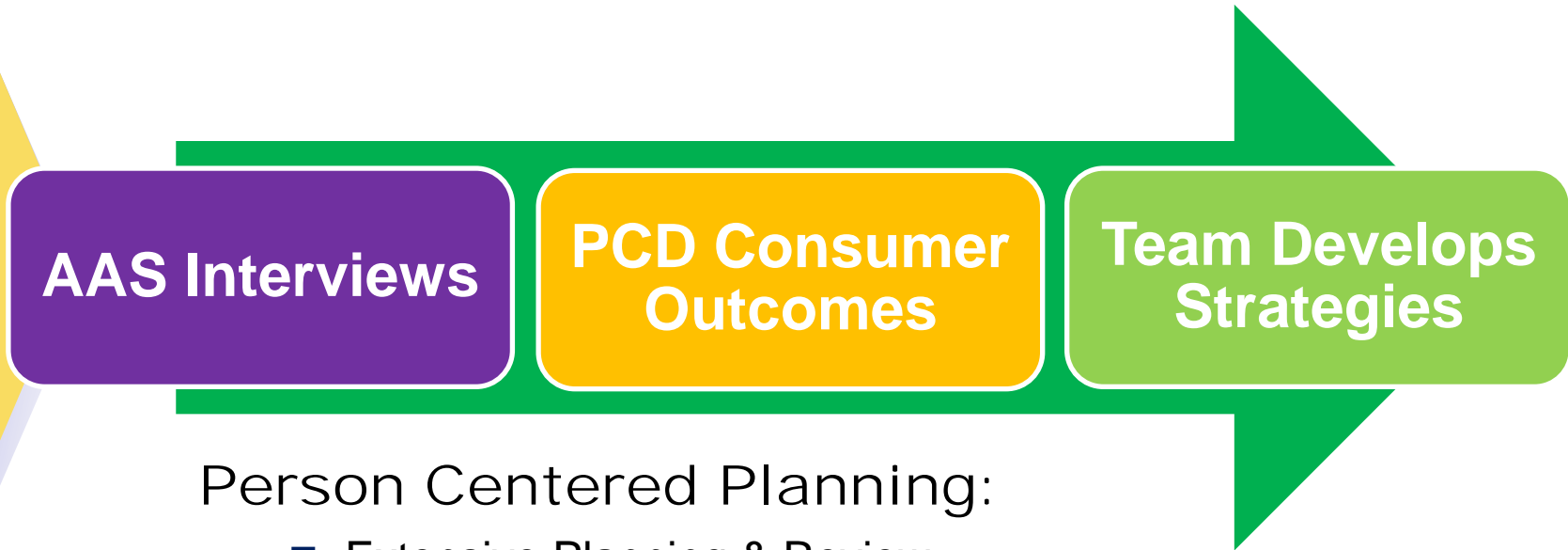
Initiatives/Strategies

## Prime Attention

- Bridge between Projections & Initiatives
- CQL has 23 categories (Quality of Life Indicators)
- PCP “Guide” for Families

# Person-Centered System

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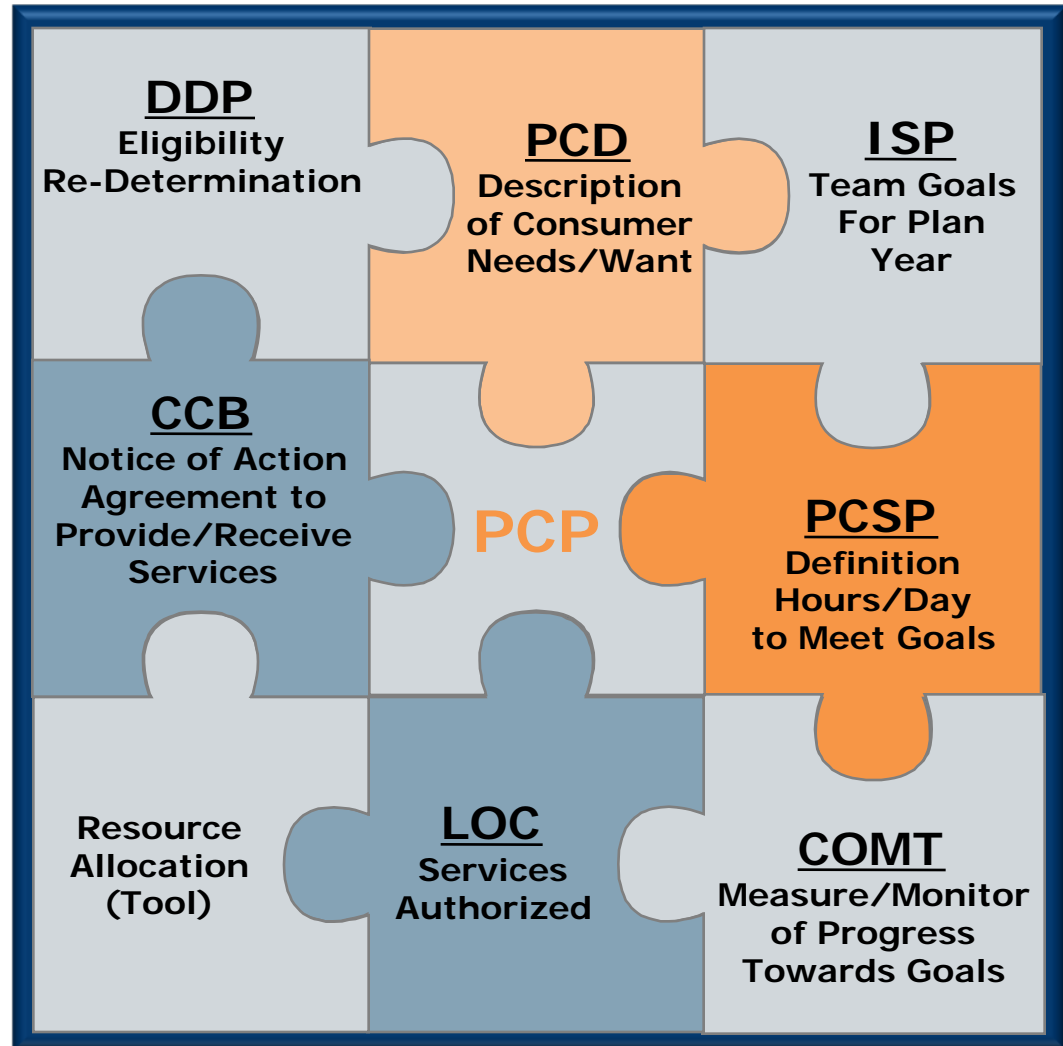


## Person Centered Planning:

- Extensive Planning & Review
- Enhancement of Process
- Rational & Extensive
  - Based on Michael Smull
  - Adapted for Statewide Implementation
- Important “To” & Important “For”
- Outcome Driven
- Strategy Based

# Waiver Participation & Services

How  
the  
Pieces  
Fit  
Together



# Person-Centered Service Planner

## Sequence of Events

Progression

PCSP

Individual  
Support Plan

Concurrence  
Regarding  
Services

Complete  
PCSP  
Signatures

Compile &  
Summarize  
INtouch/INsite

Final Copy  
Distributed  
w/ CCB

ISP

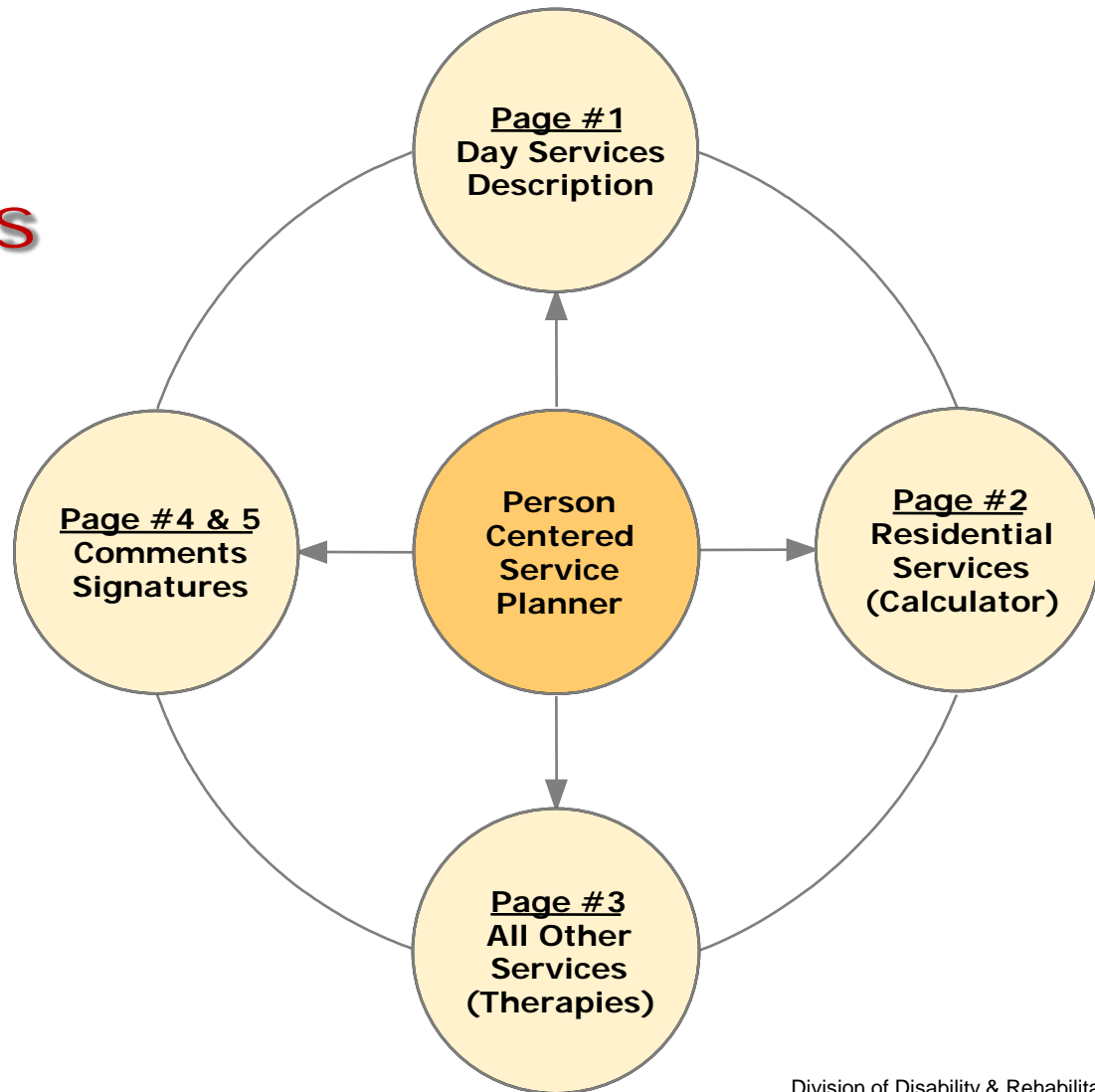
Define  
Annual  
Goals  
Initiatives

PCSP

Specify  
Service  
Hours/Day

# Person-Centered Service Planner

## Elements and Content





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# OASIS

Objective Assessment System for  
Individual Supports

---

***BDDS Waiver Unit***  
***Review of Submitted Plan of Care/CCB***



# Waiver Unit Plan Review

## What to look for now:

- **Alignment with ISP and PCP**
- **Appropriate use of service as relating to service definition (respite & RHS)**
- **Appropriate justification**

## Future Changes:

- **Alignment with Usual & Typical**
- **Any obvious lack of service, for example:**
  - Day Service or Behavioral Services
- **Initial Plans:**
  - Roommates are being recommended

# Plan Updates

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## *Current*

- Follow the current health and welfare requirements

## *As of Jan. 1, 2009:*

- Plans that are changed but remain within the annual allocation should be approved
- Changes to amount of services in different months is allowed, within the annual allocation
- RHSS Provider changes will require review and approval by BDDS
- Updates that exceed allocations must meet Life Changing Event or Qualifying Event

# Auto Approval of Plans As of January 1, 2009

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- Unit redistribution
- Vendor changes outside of RHS



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# Qualifying Events

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# Qualifying Events

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- Allows for a CCB update in the following situations, when an individual's allocation is exhausted
- Teams need to attempt to resolve service need issues within their allocation prior to requesting a plan update.

# Qualifying Events

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- Initial 90 day CCB supplemental plan update only to allow for appropriate supports until the identified concern is resolved
- All supplemental requests will be reviewed by the state
- Requests will not exceed a total of 180 days
- Ongoing documentation will be required at least every 30 days:
  - This will include what options the team has explored to ensure appropriate staffing levels for these Individuals
- It is the responsibility of the consumer, residential provider and case manager to locate a housemate or work out additional solutions

# Loss of a Housemate Due to:

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- Death
- Extended Hospitalization (minimum of 14 days)
- NF respite stay (minimum of 14 days)
- Crisis Intervention (out of home placement, minimum of 14 days)
- Incarceration (minimum of 14 days)
- Abuse/neglect/exploitation as substantiated the State (BQIS, BDDS, APS, CPS)
- State Intervention (BQIS, BDDS, APS, CPS)
- Housemate changes providers\*

# Significant Change in Waiver Participant's Health Status

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- Appropriate medical documentation is required
- CCB supplemental plan update for 90 days. Any extension will be reviewed by the state not to exceed a total 180 days. Ongoing documentation will be required every 30 days



# Significant Change in Waiver Participant's Behavioral Status

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- Documentation of ongoing Crisis Management and/or Outreach involvement
- Documentation of police intervention
- Documentation of significant injury to self or others
- CCB supplemental plan update for 90 days. Any extension will be reviewed by the state not to exceed a total 180 days. Ongoing documentation will be required every 30 days



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# Non-Qualifying Events

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**Individuals who change providers  
or living environments based on a  
consumer and/or team choice**



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# OASIS

Objective Assessment System for  
Individual Supports

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## ***Mediation and Appeal Process***

# Mediation Process

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- What does this mean?
- When does this occur?
- How will mediation be requested?

# Mediation: What does it mean?

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- Process is to review the individual's service needs in relationship to their OASIS allocation when a consumer feels the allocation will not meet their health and welfare needs

# Mediation: When does this occur?

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- The mediation process is the last step in assisting the individual in reviewing the relationship between the OASIS allocation and the individual's service needs prior to a formal appeal of their individual allocation

# Mediation Process

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- Allocation is given to the Individual Support Team
- Individual Support Team meets to create the Plan within the given allocation.

# Mediation Process

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- If the Individual Support Team can not agree to a plan within the allocation, a interim term plan must be developed within the allocation
- A form will be generated indicating the appropriate steps for both mediation and appeal



# Mediation Process

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- If a plan is not submitted and approved by the end of the current approved plan date, the consumer will receive an interim plan for services that are based on “usual & typical” for their allocation level
- Annual plan extensions will not be created\*

# Mediation Process

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- Once the Interim plan is submitted, the consumer has the right to:
  - Continue with Mediation
  - Complete the formal appeal process
  - Interrupt Services
  - Terminate Services

# Mediation Review Committee

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- Director of Client Services
- Field Services Directors
- DDRS IPMG Liaison
- Waiver Unit Supervisor
- OMPP
- BQIS



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# POC/CCCB Process

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**January 2009 ► March 2009**

# January 2009 Renewals

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- All CCB's with an annual renewal date of January 1, 2009 must be submitted by December 19, 2008
- If the plan is not submitted, then the plan will be auto-converted
- If the CCB is auto-converted, the team will need to submit an update to reflect the intended service mix within the allocation
- Once the update is received, the CCB will be reviewed by the waiver unit, and then by the Oasis Executive Committee if not within the allocation

# February-March 2009 Renewals

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- All CCB's with an annual renewal date of Feb. 1, 2009 must be submitted by 1/19/09
- All CCB's with an annual renewal date of Mar. 1, 2009 must be submitted by 2/19/09
- If the plan is not submitted, then the plan will be auto-converted
- If the CCB is auto-converted, the team will need to submit an update to reflect the intended service mix within the allocation
- Once the update is received, the CCB will be reviewed by the waiver unit, and then by the Oasis Executive Committee if not within the allocation



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# What's Around the Corner?

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**January 2009 ► Forward**

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# OASIS

Objective Assessment System for  
Individual Supports

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**Implementation ► Definitions**  
**Documentation ► Billing**



# Consumers in Services

## **SS Waiver:**

- Begin use of uniform rate methodology with annuals starting after Jan. 2009
- Cap remains at \$13,500
- Under consideration to increase cap

*The SS waiver will be amended.*

## **DD & AU Waivers:**

- Begin use of uniform rate methodology with annuals starting Jan. 2009
- Plans renewed Jan. to March 2009 will utilize current budget as allocation
- Move to allocations and uniform rates for annuals starting April 2009

# Implementation

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## **Conversion of BDDS District 4 plans:**

- Incorporates new rates and ratios
  - Any odd ratios changed to next highest even ratio (eg. 5:1 changes to 6:1)
  - Pre-Vocational ratios start at 8:1. Any ratio below this has been changed. (6:1 changes to 8:1)
  - NOA's sent starting on December 8th

## **Extensions:**

- As of January 1, 2009 annual plan extensions will not be granted
- Plans not approved by expiration date will be auto converted to match “usual and typical”
- Update will be necessary to modify the auto-converted plan.

# Service Definitions

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- Definitions have been published in the last two OASIS bulletins
- Nursing services delivered during RHS are considered part of RHS
- Transportation can be purchased by those using a day service facility, and less than 35 hrs. of RHS

# Service Definitions

(Continued)

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- Pre-Vocational Services and Sheltered Workshop can not be on a plan simultaneously
- The need for Pre-Vocational Services is determined at the time of the annual renewal and reviewed quarterly

# RHS Calculator

Customize Share

RHSO calculator

RHSO CALCULATOR

place of staff do not count. RHS Housemates are any consumer that share RHS Staffing. [E.g. If 4 housemates live together (3DD and 1 SSW), The RHS calculator will only be done for the DD Consumers and the SSW would not be included on the calculation. (SSW does not provide RHS). So the calculator would reflect 3 not 4 Consumers.]

ALSO, AFC is not RHS.

Result saved

**Hours w/o RHSO staffing  
NO RHSO STAFFING**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	7.00	7.00	5.00	7.00	7.00	24.00	24.00

**Hours 1 Consumer/1 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	2.00	2.00	2.00	2.00	2.00	0.00	0.00

**Hours 1 Consumer/2 staff  
DOUBLE STAFFING**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Hours 2 Consumers/1 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	6.00	6.00	6.00	6.00	6.00	0.00	0.00

**Hours 3 Consumers/1 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	7.00	7.00	7.00	7.00	7.00	0.00	0.00

**Hours 3 Consumers/2 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	2.00	2.00	4.00	2.00	2.00	0.00	0.00

**Hours 4 Consumers/1 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Hours 4 Consumers/2 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Hours 4 Consumers/3 staff**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	Total Monday	Total Tuesday	Total Wednesday	Total Thursday	Total Friday	Total Saturday	Total Sunday
<b>Total Hours (Must be 24.00)</b>	24.00	24.00	24.00	24.00	24.00	24.00	24.00

## SP Total amounts

	Total Monday	Total Tuesday	Total Wednesday	Total Thursday	Total Friday	Total Saturday	Total Sunday
<b>SP Hours to be entered</b>	8.67	8.67	10.00	8.67	8.67	0.00	0.00

# Person Centered Service Planner

(continued)

Indiana Professional Management Group

INTouch

Customize Share Recent Find Help

INTouch: Consumer Centered Case Management

1-CONSUMERS

2-CASE NOTES

3-ACTIVITIES

5-RESOURCES

7-ANNUALS

9-INTAKE

10-DOCUMENT LIBRARY

11-MEMBER PROFILES, etc.

\* Average hours RHSS Monday

8.67

\* Average hours RHSS Tuesday

8.67

\* Average hours RHSS Wednesday

10.00

\* Average hours RHSS Thursday

8.67

\* Average hours RHSS Friday

8.67

\* Average hours RHSS Saturday

0.00

\* Average hours RHSS Sunday

0.00

RHSS Week Total

44.68

Avg. Monthly Cost (RHSO)

\$4034.60

## Residential Habilitation (Cont.)

Notation regarding RHSS hours

TEst 1234

\* Did Consumer have Sleep Staff Prior to OASIS?

Yes

\* RHSS Transportation provided

Yes

\* RHSS Transportation need ADA accessibility

Yes

Does Consumer have Residential Living Allowance (RLA)?

No

# Person Centered Service Planner

(continued)

Indiana Professional Management Group

Intouch

Customize Share Recent Find Help

Intouch: Consumer Centered Case Management

1-CONSUMERS

2-CASE NOTES

3-ACTIVITIES

5-RESOURCES

7-ANNUALS

9-INTAKE

10-DOCUMENT LIBRARY

11-MEMBER PROFILES, etc.

\* Did Consumer have Sleep Staff Prior to OASIS?

Yes

\* RHSS Transportation provided

Yes

\* RHSS Transportation need ADA accessibility

Yes

Does Consumer have Residential Living Allowance (RLA)?

No

## Behavioral Support Services

\* # hours of BMGT per month

10.00

Avg. Monthly BMGT Cost  
\$728.00

\* # of BMAN Lvl 1 (15 min units) per month

2

Avg. Monthly BMAN Lvl cost  
\$36.40

Optional - Notation regarding BMGT hours

?

## Respite

\* Average # hours of Respite per month

10.00

Avg. Monthly Respite Cost  
\$250.00

Respite Hrs Notation

## Day Services

63

Admin

Powered by QuickBase

Done

Internet

100%

# Person Centered Service Plan: Day Services

Indiana Professional Management Group

INTouch

Customize Share Recent Find Help

INTouch: Consumer Centered Case Management

1-CONSUMERS

2-CASE NOTES

3-ACTIVITIES

5-RESOURCES

7-ANNUALS

9-INTAKE

10-DOCUMENT LIBRARY

11-MEMBER PROFILES, etc.

23- DAYS SP's | 23- DAYS SP' #5

Customize this Form

EDIT EMAIL DELETE PRINT DONE

## DAY Service Work Sheet

Please verify if the individual is needing the following Day services:

Community Hab  
✓

Facility Hab  
✓

Sheltered Employment (Stateline/not waiver service)  
✓

Adult Day Services  
None

Supported Employment  
✓

## Community Habilitation

Monday (CHIO)	Tuesday (CHIO)	Wednesday (CHIO)	Thursday (CHIO)	Friday (CHIO)	Saturday (CHIO)	Sunday (CHIO)	Weekly Total CHIO	Avg. Monthly Cost CHIO
0	0	0	0	0	0	0	0	0.00
Monday (CHG2)	Tuesday (CHG2)	Wednesday (CHG2)	Thursday (CHG2)	Friday (CHG2)	Saturday (CHG2)	Sunday (CHG2)	Weekly Total CHG2	Avg. Monthly Cost CHG2
1.5	0	0	1.5	1.5	0	0	4.5	252.13
Monday (CHG3)	Tuesday (CHG3)	Wednesday (CHG3)	Thursday (CHG3)	Friday (CHG3)	Saturday (CHG3)	Sunday (CHG3)	Weekly Total CHG3	Avg. Monthly Cost CHG3
1.5	0	0	1.5	1.5	0	0	4.5	168.15
Monday (CHG4)	Tuesday (CHG4)	Wednesday (CHG4)	Thursday (CHG4)	Friday (CHG4)	Saturday (CHG4)	Sunday (CHG4)	Weekly Total CHG4	Avg. Monthly Cost CHG4
1.5	0	0	1.5	1.5	0	0	4.5	126.16
Total Monday (Comm Hab)	Total Tuesday (Comm Hab)	Total Wednesday (Comm Hab)	Total Thursday (Comm Hab)	Total Friday (Comm Hab)	Total Saturday (Comm Hab)	Total Sunday (Comm Hab)	Weekly Total Comm Hab	Avg. Monthly Cost Comm Hab
4.5	0	0	4.5	4.5	0	0	13.5	546.44
Total Mon. Hours	Total Tues. Hours	Total Wed. Hours	Total Thurs. Hours	Total Fri. Hours	Total Sat. Hours	Total Sun. Hours		
15.5	38	38	16.5	13.5	0	0		
Comm Hab Notation								
Com Hab notation								

## Facility Habilitation



# Person Centered Service Plan: Day Services

Indiana Professional Management Group

Intro

Customize Share Recent Find Help

INTouch: Consumer Centered Case Management

1-CONSUMERS

2-CASE NOTES

3-ACTIVITIES

5-RESOURCES

7-ANNUALS

9-INTAKE

10-DOCUMENT LIBRARY

11-MEMBER PROFILES, etc.

## Facility Habilitation

Monday (FHIO)	Tuesday (FHIO)	Wednesday (FHIO)	Thursday (FHIO)	Friday (FHIO)	Saturday (FHIO)	Sunday (FHIO)	Weekly Total FHIO	Avg. Monthly Cost FHIO
0	0	0	0	0	0	0	0	0.00
Monday (FHG2)	Tuesday (FHG2)	Wednesday (FHG2)	Thursday (FHG2)	Friday (FHG2)	Saturday (FHG2)	Sunday (FHG2)	Weekly Total FHG2	Avg. Monthly Cost FHG2
1.5	8	8	1.5	1.5	0	0	20.5	1301.09
Monday (FHG4)	Tuesday (FHG4)	Wednesday (FHG4)	Thursday (FHG4)	Friday (FHG4)	Saturday (FHG4)	Sunday (FHG4)	Weekly Total FHG4	Avg. Monthly Cost FHG4
1.5	8	8	1.5	1.5	0	0	20.5	650.55
Monday (FHG6)	Tuesday (FHG6)	Wednesday (FHG6)	Thursday (FHG6)	Friday (FHG6)	Saturday (FHG6)	Sunday (FHG6)	Weekly Total FHG6	Avg. Monthly Cost FHG6
1.5	8	8	1.5	0	0	0	19	401.96
Monday (FHG8)	Tuesday (FHG8)	Wednesday (FHG8)	Thursday (FHG8)	Friday (FHG8)	Saturday (FHG8)	Sunday (FHG8)	Weekly Total FHG8	Avg. Monthly Cost FHG8
1.5	8	8	1.5	0	0	0	19	301.47
Total Monday (Fac Hab)	Total Tuesday (Fac Hab)	Total Wednesday (Fac Hab)	Total Thursday (Fac Hab)	Total Friday (Fac Hab)	Total Saturday (Fac Hab)	Total Sunday (Fac Hab)	Weekly Total Fac Hab	Avg. Monthly Cost Fac Hab
6	32	32	6	3	0	0	79	2655.08
Total Mon. Hours	Total Tues. Hours	Total Wed. Hours	Total Thurs. Hours	Total Fri. Hours	Total Sat. Hours	Total Sun. Hours		
15.5	38	38	16.5	13.5	0	0		

### Fac Hab Notation

Facility Hab notation

## Sheltered Employment

# of hours Sheltered Employment Monday	# of hours Sheltered Employment Tuesday	# of hours Sheltered Employment Wednesday	# of hours Sheltered Employment Thursday	# of hours Sheltered Employment Friday	# of hours Sheltered Employment Saturday	# of hours Sheltered Employment Sunday	Weekly Total Sheltered
5	6	6	6	6	0	0	29
Total Mon. Hours	Total Tues. Hours	Total Wed. Hours	Total Thurs. Hours	Total Fri. Hours	Total Sat. Hours	Total Sun. Hours	
15.5	38	38	16.5	13.5	0	0	

### SE hrs Notation

SE notation

# Person Centered Service Plan: Day Services

Indiana Professional Management Group

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Prevocational Services

Monday (PV08) *	Tuesday (PV08) *	Wednesday (PV08) *	Thursday (PV08) *	Friday (PV08) *	Saturday (PV08) *	Sunday (PV08) *	Weekly Total PV08	Avg. Monthly Cost PV08
1	0	0	0	1	0	0	2	51.60
Monday (PV10) *	Tuesday (PV10) *	Wednesday (PV10) *	Thursday (PV10) *	Friday (PV10) *	Saturday (PV10) *	Sunday (PV10) *	Weekly Total PV10	Avg. Monthly Cost PV10
5	0	6	0	6	0	0	17	350.88
Monday (PV12) *	Tuesday (PV12) *	Wednesday (PV12) *	Thursday (PV12) *	Friday (PV12) *	Saturday (PV12) *	Sunday (PV12) *	Weekly Total PV12	Avg. Monthly Cost PV12
0	0	0	0	0	0	0	0	0.00
Monday (PV14) *	Tuesday (PV14) *	Wednesday (PV14) *	Thursday (PV14) *	Friday (PV14) *	Saturday (PV14) *	Sunday (PV14) *	Weekly Total PV14	Avg. Monthly Cost PV14
0	6	0	6	0	0	0	12	176.47
Monday (PV16) *	Tuesday (PV16) *	Wednesday (PV16) *	Thursday (PV16) *	Friday (PV16) *	Saturday (PV16) *	Sunday (PV16) *	Weekly Total PV16	Avg. Monthly Cost PV16
0	0	0	0	0	0	0	0	0.00
Total Monday (VOCO)	Total Tuesday (VOCO)	Total Wednesday (VOCO)	Total Thursday (VOCO)	Total Friday (VOCO)	Total Saturday (VOCO)	Total Sunday (VOCO)	Weekly Total VOCO	Avg. Monthly Cost VOCO
6	6	6	6	7	0	0	31	578.95
Total Mon. Hours	Total Tues. Hours	Total Wed. Hours	Total Thurs. Hours	Total Fri. Hours	Total Sat. Hours	Total Sun. Hours		
16.5	38	38	16.5	14.5	0	0		

Prevocational Notation

Supported Employment Follow Along

Average # hours of SEFA used a month \*

0

Avg. Monthly Cost SEFA

0.00

SEFA Hrs Notation

Sefa Notation

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Admin

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# Person Centered Service Planner

Indiana Professional Management Group

(continued)

Intouch

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Intouch: Consumer Centered Case Management

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## Day Services (cont.)

\* Still in school

No

\* Why No DAYS Service listed?

Consumer/ Guardian Choice

DAYS Transportation Provided

No

## Additional Provider Services

What level of Adult Foster Care does this person have? (Cannot have RHS and Respite at same time as AFC)

None

Total Dollars FCAR used during Active Service Planner

2000.00

# hours of Respite Nursing per month:

0.00

Avg. MonthlyRNURS Cost

\$0.00

# hours of MUTH per month:

5.00

Avg. Monthly MUTH Cost

\$215.60

# hours of RECTH per month

0.00

Avg. Monthly RECTH Cost

\$0.00

# hours of OCTH per month:  
(Please verify Medicaid PA denial in place)

0.00

Avg. Monthly OCTH Cost

\$0.00

# hours of SPTH per month:  
(Please verify Medicaid PA denial in place)

0.00

Avg. Monthly SPTH Cost

\$0.00

# hours of PHTH per month:  
(Please verify Medicaid PA denial in place)

0.00

Avg. Monthly PHTH Cost

\$0.00

Adult Day Service

None

Avg. Monthly ADS Cost

67

Admin

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Done

Internet

100%

# Person Centered Service Planner

## (continued)

Indiana Professional Management Group

INTouch

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INTouch: Consumer Centered Case Management

1-CONSUMERS2-CASE NOTES3-ACTIVITIES5-RESOURCES7-ANNUALS9-INTAKE10-DOCUMENT LIBRARY11-MEMBER PROFILES, etc.

Team Member Signatures

\* Consumer present

yes

\* Guardian present

N/A

\* Parent present

No

\* Advocate present

No

\* DAYS present

Yes

\* RHSS Present

Yes

\* BMGT Present

Yes

\* Case Manager Present

Yes

\* BDDS District Coordinator present

no

Other team members present

No

Consumer signature

Kim Consumer

\* DAYS Signature

John Smith

\* RHSS Signature

Ima House

\* BMGT Signature

Betty Mann

\* Case Manager Signature

Test CM

Verification of Service Planner

Service planner cannot be exported until it is Verified, Verification cannot occur until the entire Service Planner is complete.

Be sure to review each of the SP hours that they are an accurate reflection of Hours listed. By clicking this box, you are verifying the information is accurate according to the team.

Owner: [Jim Dashiell](#) (choose new owner)

Created: NOV-19-2008 10:24 AM (CST)

Last Modified: DEC-10-2008 5:48 PM (CST) by [Dashiell, Jim](#)

Powered by QuickBase

Admin

Done

Internet

100%

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# NOA Example - RHS

PUTNAM COUNTY COMPREHENSIVE SERVICES, INC., 630 TENNESSEE STREET; Greencastle (RH20) - Res Hab/Supp-Over 35 Hrs/Week

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
T2016	U7	U5			01/01/2009	01/31/2009	Staff Hour	21.00	236.00	4956.00
T2016	U7	U5			02/01/2009	02/28/2009	Staff Hour	21.00	222.00	4662.00
T2016	U7	U5			03/01/2009	03/31/2009	Staff Hour	21.00	236.00	4956.00
T2016	U7	U5			04/01/2009	04/30/2009	Staff Hour	21.00	228.00	4788.00
T2016	U7	U5			05/01/2009	05/31/2009	Staff Hour	21.00	238.00	4998.00
T2016	U7	U5			06/01/2009	06/30/2009	Staff Hour	21.00	228.00	4788.00

# NOA Example -Day Program

## SERVICES APPROVED

**PUTNAM COUNTY COMPREHENSIVE SERVICES, INC., 630 TENNESSEE STREET; Greencastle (CHG4) - Community Hab-Group (1:4)**

(NOTE: The ratio of 1 staff to 4 individuals was used to calculate the monthly allowable amount. This information was pulled from the approved service plan.)

(BILLING NOTE: When you submit a claim use a modifier and a rate consistent with the staffing ratio provided. Replace the # modifier with U2 and use a rate of \$13.03 for 1:2 ; U3 and a rate of \$8.69 for 1:3 ; U4 and a rate of \$6.52 for 1:4)

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
T2020	U7	U5	#		11/01/2008	11/30/2008	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		12/01/2008	12/31/2008	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		01/01/2009	01/31/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		02/01/2009	02/28/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		03/01/2009	03/31/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		04/01/2009	04/30/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		05/01/2009	05/31/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		06/01/2009	06/30/2009	Per HOUR	6.52	4.00	26.08

# NOA Example – B-Man and Other Therapies

## SERVICES APPROVED

**MEANINGFUL DAY SERVICES, INC, 640 Patrick Place, Suite B; Brownsburg (BMGO) - Behavior Management - Basic**

The monthly allotments NOT used in one month CAN be utilized in other months as long as the total authorization for the entire plan is not exceeded.

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
H0004	U7	U5	U2		07/01/2008	06/30/2009	1/4 HOUR	18.20	144.00	2620.80

# Documentation Standards Day Services Programs

---

## **Documentation for each service should include:**

- Progress Note
- Group Logs – for each group service
  - Facility Habilitation
  - Pre-Vocational Services
  - Community Habilitation



# Documentation Standards Day Services Programs

---

## **Progress Notes for Individuals Should Include:**

- Consumer name
- RID Number
- Provider rendering service
- Primary Service Location
- Date of service (including the year)
- Activity summary for each block of time
- Staff signature

## **Group Logs for the group should include:**

- Group size & names of consumers – determined at top of each hour
- Type of service, unit of service, and duration
- Primary Service Location
- Staff in group

# Documentation — Notes

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- Group logs can be started at the top of each hour if program begins at different time start time can begin when services are initiated
- Group logs need to be updated hourly or when the size changes
- Group logs need to distinguish which staff supported which consumers
- Progress notes: the note can be written by one staff and signed by all staff, it must meet all requirements and cover activities and shift time for all staff
- Monthly Reports are still required

# Documentation Standards Residential Habilitation Programs

---

## **Progress Notes for Individuals Should Include:**

- Consumer name
- RID Number
- Provider rendering service
- Primary Service Location
- Date of service (including the year)
- Activity summary for each block of time
- Staff signature

# Residential Habilitation

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- Each month is viewed separately. Under 35 could be in the months when school is in session and over 35 could be in months when school is not in session. Thus both 1 & 2 can be on the same CCB but *\*not\** in the same month.
- When there is more than 1 provider involved in any given month, we total the hours of all providers before determining whether it should be 1 or 2. Once that is determined, based on the math, then *\*all\** providers must be assigned the same level. Thus, we don't allow both 1 & 2 in the same month but we do allow multiple providers in the same month.

# Documentation — Notes

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- DDRS does not have one method of documentation that is required
- INARF has developed a sample document which meets the documentation standards

# Billing Information

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- Consumers and staff must both be present to bill for services
- Service Plan will generate Prior Authorization amount per service
  - 3 month prior authorization for RHS, and Day Service programs
  - For life of plan for Respite, BMAN and other therapy services
- Prior Authorization will be at the service level for Day Programs Services
- Billing will be at the appropriate ratio/modifier for Day program services rendered
- Invoicing Tool – only required for RHS shared staff
  - Not 1:1 RHS settings

# Billing Information

(Continued)

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- Fractional units are accepted by the fiscal agent (EDS)
- Supported Employment is billed monthly. If a consumer needs additional hours beyond the amount authorized on a continual basis a plan update should be requested
- Service Plan – *not an audit tool*
  - Audit will look at: billing information, progress notes and staff logs (where applicable)

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# BOIS

Bureau of Quality Improvement Services

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***Outcomes and Comprehensive Survey Tool***



# Value of Outcome Based Approach

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## **This approach provides:**

- Common sense approach
- Focus on individuals' needs and wants.
- Good gauge of the purchasing value of dollars spent on services – provides qualitative picture
- Clearer sense of how waiver services impact individuals.
- More accurate survey findings – moves away from shotgun survey strategy

# OASIS and Individual Outcome Based Reviews—A GOOD FIT!

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## **Objective Assessment System for Individual Supports (OASIS) Project:**

creates uniform funding model  
to determine fair  
and equitable  
levels of state  
support



**Comprehensive  
Survey Tool**  
will assess impact  
of waiver services  
on the consumer

# Foundation for BQIS Focus

---

## **CMS Quality Framework**

- Participant Access
- Participant Centered Service Planning and Delivery
- Participant Capacity and Capabilities
- Participant Safeguards
- Participant Rights and Responsibilities
- Participant Outcomes and Satisfaction
- System Performance

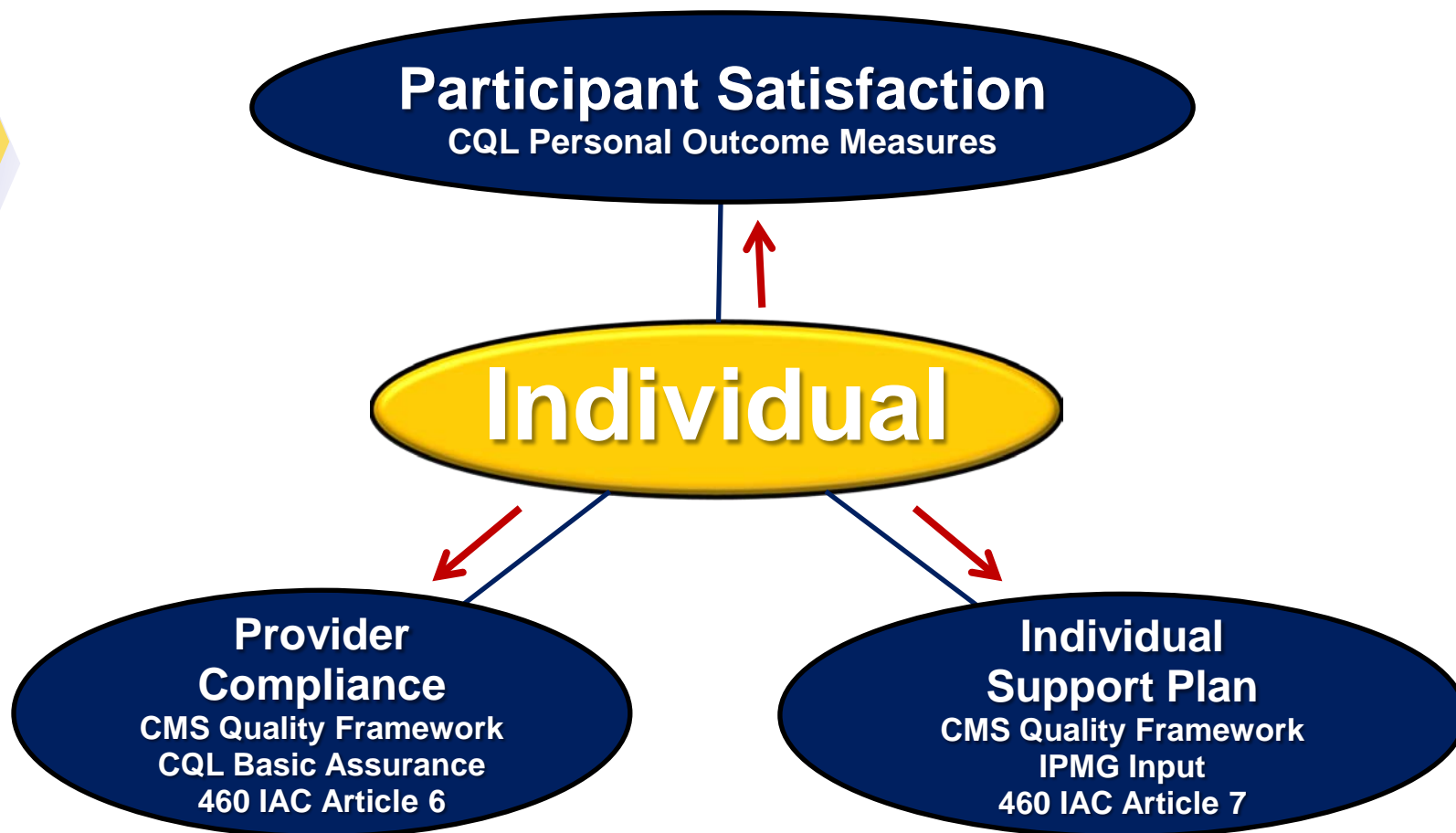
## **Council on Quality and Leadership (CQL) Basic Assurances and CQL Personal Outcome Measures**

## **Compliance**

- 460 IAC Articles 6 & 7
- Federal HCBS Waiver Assurances

# Comprehensive Survey Tool (CST)

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# Key Terms—Provider Compliance/ISP Components

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- **IN Waiver Regulations** – 460 IAC Articles 6 and 7
- **Regulation Intent** – major focus or expected outcome of regulation
- **Compliance Indicators:**
  - Specific expectations for each Quality Framework focus area
  - Combination of the various related waiver regulations and Quality Framework Focus Areas
  - Provide an indication of the condition or direction of provider systems
- **Probes** – guidelines or questions to determine the presence or absence of indicators

# Provider Compliance Components of CST

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## ■ **Quality Framework Focus Area**

- Participant–Centered Service Planning
- Participant-Centered Service Development
- Participant Safeguards
- Participant Rights and Responsibilities
- Participant Outcomes and Satisfaction

## ■ **Related Personal Outcome Measures**

## ■ **Compliance Indicators with Probes**

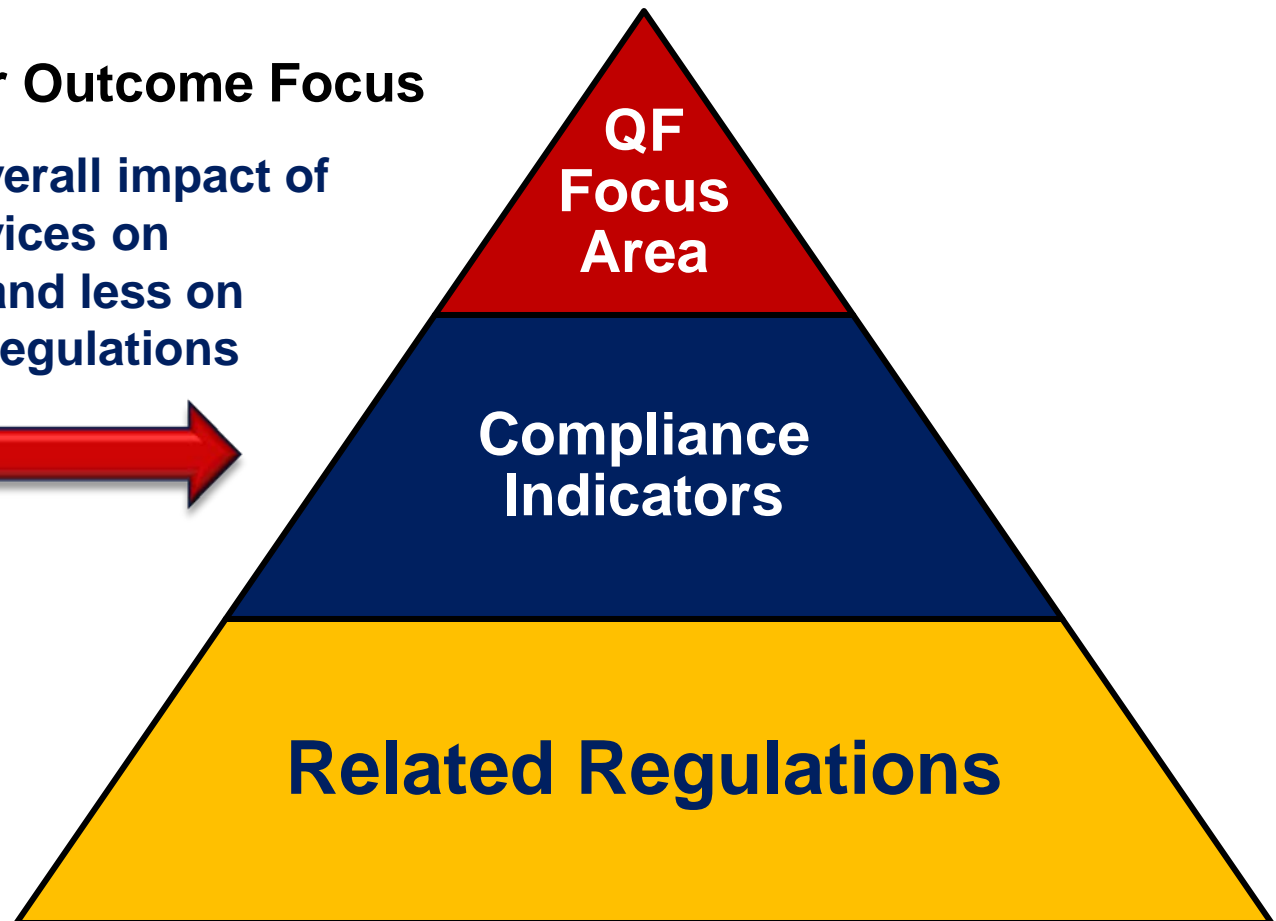
- Met/Not Met
- If not met, why?
- Specify regulations not met & examples

# Structure of Provider Compliance Component

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## Consumer Outcome Focus

Reviews overall impact of waiver services on individual and less on individual regulations



# Discovery Mechanisms

## Surveyor Decision Making





# Snapshot of Consumer's Life: The Survey Process

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- 1. For each waiver select sample of individuals**
- 2. Schedule survey visit in person's home or site of service delivery**
- 3. Research available data from InSite & DART**
- 4. Begin survey with introduction meeting**
- 5. Conduct Personal Outcome Measures® interview early in process**
- 6. Validate information through:**
  - Talking with person and his/her support staff,
  - Checking provider policies and procedures
  - Reviewing individual's records
  - Visiting sites where individual receives services

# Snapshot of Consumer's Life: The Survey Process

(Continued)

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7. Surveyor uses probes to assist in deciding whether each compliance indicator is met or not met for the individual selected.
8. If compliance indicators are not met, provide examples and specify supporting regulations that are not met.
9. Issue report to individual's support team to develop any identified corrective action items.
10. Conduct follow-up visits as necessary until providers have implemented corrective action.

# Preparation for Conducting Interviews:

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- **Field-testing**
- **Development of:**
  - Reference materials
  - Data collection worksheets
  - Standardized report templates
  - Database
- **Extensive CST training for all surveyors**
- **CQL training on satisfaction component**
- **Inter-rater reliability testing in field**

# What's around the corner

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- **Beginning survey activities – January 1, 2009**
  - Selecting samples for each waiver
  - Scheduling surveys
  - Conducting pre-survey research
- **Conducting first interviews – approximately January 21, 2009**
- **Developing automated data management system to track and report findings – approximately May 2009**
  - Interactive web interface
  - Online submission of corrective action plans
  - Provider specific data repository

# OASIS Resources

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## OASIS-ICAP Help Lines

- **E-mail:** [OASIS-ICAPHelp@fssa.IN.gov](mailto:OASIS-ICAPHelp@fssa.IN.gov)
- **Phone:** 317-234-5222
- **Toll Free Indiana:** 1-888-527-0008

## Interactive Budget Tool

- <https://ddrsprovider.fssa.in.gov/BDDS/Utilities/CustomerBudgetList.aspx>



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# Division of Disability & Rehabilitative Services

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## **Phase I: OASIS System Transformation**

**December 17, 2008**